

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP		
	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16	1	1	1	1			66			
17	1	1	1	1			67			
18	1	1	1	1			68			
19	1	1	1	1			69			
20	1	1	1	1			70			
21	1	1	1	1			71			
22	1	1	1	1			72			
23	1	1	1	1			73			
24	1	1	1	1			74			
25	1	1	1	1			75			
26	1	1	1	1			76			
27	1	1	1	1			77			
28	12	12	12	12			78			
29	12	12	12	12			79			
30	12	12	12	12			80			
31	12	12	12	12			81			
32	12	12	12	12			82			
33	1	1	1	1			83			
34	—	—	—	—			84			
35	—	—	—	—			85			
36	—	—	—	—			86			
37	—	—	—	—			87			
38	—	—	—	—			88			
39	—	—	—	—			89			
40	—	—	—	—			90			
41	—	—	—	—			91			
42	—	—	—	—			92			
43	—	—	—	—			93			
44	—	—	—	—			94			
45	—	—	—	—			95			
46	—	—	—	—			96			
47	—	—	—	—			97			
48	—	—	—	—			98			
49	—	—	—	—			99			
50	—	—	—	—			100			
TOTAL IND.	1	3	—	—			TOTAL IND.	—		
TOTAL DEP.	71	75	—	—			TOTAL DEP.	—		
TOTAL CLAIMS	72	78	—	—			TOTAL CLAIMS	—		